

**VIOLENT CRIMES COMPENSATION BOARD**  
**MENTAL HEALTH TREATMENT GUIDELINES**  
**INITIAL RESPONSE, ASSESSMENT, AND VCCB DOCUMENTATION**  
**PROCEDURES**

**1. INTRODUCTION**

When victims seek assistance, it is essential to recognize that apart from any “disorders” that could be diagnosed, many victims of crime need and seek services from mental health professionals to help them cope with aftermath of trauma. Initial contact with victims sometimes requires that the therapist provide crisis intervention to stabilize the victim. Steps taken in this phase can often be the extent of needed intervention though it can also lead to additional sessions. In fact, research has shown that most crime victim compensation victims who seek mental health services do so on a relatively short-term basis, to help them through the initial phase of coping. This is true in Alaska as well as across the country.

Psychological trauma and a state of crisis are natural and predictable results of violent crime. Post-trauma often overwhelms the coping capacities of crime victims. It is reasonable that they should seek professional assistance when this happens. Claimants and service providers should be free to focus during the initial period of treatment on the acute needs and well being of the victim, and not on identifying a disorder or pathology to justify treatment. In the initial stages of treatment, it is sufficient to document with a report of injury, and a professional assessment that a claimant is experiencing a normal reaction to violence, threat of death, sexual assault, or the death of a loved one through homicide. If, at some point in the course of the treatment, it becomes apparent that a specific disorder is present and should be addressed, a treatment plan can be developed.

In order to make a diagnoses specific to trauma, it is important to collect information from a variety of sources and rely on results from multiple assessment methods (e.g., victim report, standard measures, observation). There are reliable, valid self-report measures and structured interviews that are cost effective, and do not require special equipment or much training to administer. A good assessment consists of a thorough synthesis of the information gathered.

Assessment should be ongoing part of treatment. Symptoms and concerns may, and hopefully will, change over the course of therapy. As certain symptoms abate, other difficulties may emerge, such as problems not responding to a particular intervention. Victim priorities are a pivotal feature of engagement in the process. Therefore, assessment and treatment ought not to be fixed; rather the focus should be refined and redefined as treatment progresses.

It is essential to acknowledge the individual circumstances and background of each victim. Many factors influence how people are affected by crime, such as their perceptions of how best to recover, and how they view institutions and

mental health interventions. Among the important considerations are cultural context, ethnicity, and religious faith. There are different beliefs about how trauma, grief, death, and healing are best handled. The effectiveness of treatment may depend on the extent to which victims or their families see therapy as sensitive to, and consistent with, their values.

The age and cognitive capacity of victims is critical. Therapy should always be developmentally adjusted for children. Therapeutic responses should accommodate the cognitive level of victims. In cases of children and developmentally impaired adults, involvement of caretakers is especially important. Efforts should be made to ensure victims with sight, hearing, or physical limitations have access to therapy. Mental health professionals serving crime victims should strive to ensure that services are sensitive to individual differences and focus on the impact of the crime.

## **2. PURPOSE OF THE GUIDELINE**

The guideline has been prepared to ensure that crime victims receive relevant appropriate care. The guidelines prepared by the State of Washington's Crime Victims Compensation Program Mental Health Treatment Guidelines Task Force have been used as basis for the State of Alaska's guidelines. The guideline describes the needs of individuals in crisis, steps to consider in conducting an initial therapeutic assessment, formation of diagnoses and VCCB documentation expectations.

Many crime victims do not require treatment beyond six sessions. The **initial response** is critical for education and support of crime victims. A specific diagnosis may not be possible during the **initial response** phase of treatment. The **initial response** phase consists of up to six sessions. **When more than six sessions are required, a full written assessment is also required. This includes a diagnosis and treatment plan.**

An accurate diagnosis determines the treatment plan and approach used. All diagnoses are seen as legitimate for obtaining VCCB benefits if treatment that will be provided is directly related to the victimization. For example, the victim does not need a diagnosis of PTSD for approval of a mental health treatment award.

Clinicians should delineate differential diagnoses by the strict DSM-IV (1994) criteria, and apply diagnoses only when full criteria are met.

All clinicians are expected to keep informed of new developments in the field. The VCCB does not pay for ongoing clinical supervision. These guidelines are not intended to substitute for specialized training and ongoing supervision.

Clinicians **MUST** follow the documentation instructions presented in this guideline.

### **3. GUIDING PRINCIPLES**

- Crime victims are individuals who may be in need of assistance as a result of crime.
- Crime victims do not necessarily suffer from a mental condition.
- Establishing a sense of safety and control for the crime victim is essential.
- All interactions require sensitivity to issues, such as victim's ethnic, cultural, and religious background, sexual orientation, or disabilities. Interpreters should be used when appropriate.
- A diagnosis is not required in order to provide an initial response (1-6 sessions).
- A diagnoses should be based on documented clinical evidence that each criteria for a DSM-IV disorder is fulfilled for each diagnosis.

### **4. INITIAL RESPONSE**

- Initial response refers to the **first six sessions** related to the crime and/or subsequent stressors (e.g., impending trial, offender released from prison).
- Initial intervention may serve as a form of early prevention that reduces the risk for subsequent problems.
- An initial response, as brief as one visit, may be sufficient for form victims to resolve the impact of crime, or the crisis that precipitated contact with the clinician.
- Some victims may not desire formal therapy, or are not ready to begin therapy.
- Many victims rely on informal, natural, and social supports, or their own internal resources instead of formal intervention or as a compliment to formal intervention.

**The initial response provides the opportunity for the crime victim and/or the parent/guardian of the crime victim to:**

- Express feelings about the crime.
- Discuss the meaning of the crime.
- Receive support and validation.
- Learn about typical responses to traumatic events.
- Clarify the perceived need for treatment (e.g., that does s/he expect to achieve by seeking treatment).
- Express beliefs about culturally specific care.
- Identify personal, community, spiritual and system resources.
- receive information about events and activities to occur (e.g., medical exams, the criminal justice system).
- Obtain information about community programs, including support and advocacy services (and lack thereof) provided by community sexual assault programs and domestic violence programs.

**(Please read the VCCB guideline about Advocacy Services.)**

- Learn about the treatment process.

**The initial response provides the opportunity for the providers to:**

- Listen actively and learn about the victim's experience and perceptions
- Consider the victim's cultural beliefs.
- Be supportive
- Establish a rapport and initiate therapeutic alliance
- Assess the victim needs for medical care and safety.
- Consider the importance to the victim of alternative care (social, spiritual, medical).
- Reinforce positive coping responses.
- Provide information clients may need about resources and systems with which they might be involved (e.g., healthcare, domestic violence and sexual assault programs, the VCCB, and the criminal justice system).

**(Please read the VCCB guideline about Advocacy Services.)**

- Formulate an impression of the victim's status and develop a diagnosis and treatment plan, if additional interventions appear indicated.
- Include family members or other support persons as appropriate.

**To ensure client safety and prevent further traumatization and victimization during the initial response phase, it is NOT appropriate to:**

- Extensively inquire about information regarding the trauma that was experienced.
- Conduct prolonged therapy. (Please read the VCCB guideline about Post-Traumatic Stress Disorder.)
- Conduct sessions with both the victim and alleged offender present.

**Notes:**

- Sessions can last up to 90 minutes, including family or group sessions, and can occur more than once a week.
- The VCCB does not pay for offender treatment.
- Secondary crime victims may be eligible for mental health treatment awards through the VCCB. When in doubt, call the VCCB at 800-764-3040.
- Therapists are mandated by law to report child abuse cases.
- In general, the VCCB will not award claims involving crimes that have not been reported to law enforcement
- Victims who were victimized more than two years prior to the submission of an application to the VCCB require specific approval from the VCCB.

Please use **Chart A** for guidance about the initial response

## 5. ASSESSMENT

### PURPOSE

An assessment is the gathering of information to:

- Determine the impact of the crime
- Formulate a diagnostic impression
- Develop a treatment plan.

The process is a standard clinical assessment, where the primary focus is on the specific impact of the crime, not general or pre-existing impairment or diagnosis, per se. The impact of the crime also extends to events, reaction of others and system activities that result from reporting the crime and cooperating with law enforcement and prosecution authorities. As with all assessments, attention is given to strengths and resources, as well as psychological symptoms requiring intervention. The information obtained from a thorough assessment can be useful to the VCCB in formulating decisions regarding authorization for additional treatment sessions.

### DIAGNOSTIC ASSESSMENT

- Briefly summarize the essential features of the victim's symptoms, experience, vulnerabilities and resources that led to your diagnosis and treatment plan.
- Be sure to provide diagnoses in all five DSM-IV axes.
- Use the principles of differential diagnosis to:
  - Rule out drug abuse, medication or toxin exposure.
  - Rule out a general medical condition.
  - Rule out mood disorders.
  - Rule out malingering or factitious disorder.
  - Consider differential diagnoses to determine the accurate diagnosis.

**Note: Other symptoms may not meet full criteria but may be important.**

### SAFETY CONCERNS

To ensure victim safety, the offender should not be present during the initial interview and subsequent sessions.

- Clinicians should work with victims to develop a safety plan.  
**(Please read the VCCB sample safety plan.)**
- If clinicians are unfamiliar with creating a safety plan, they should refer to therapists or organizations which assist victims.  
**(Please read the VCCB guideline on Advocacy Services and call the VCCB at 800-764-3040 for referral information.)**

## 6. TREATMENT PLAN

The treatment plan should be developed in collaboration with the victim (include family and/or significant others for children) after assessment information has been obtained.

Include:

- specific treatment goals
- means for measuring progress
- treatment strategies to achieve goals
- auxiliary care (e.g., psychiatric evaluation, medication management, alternative care or other medical services)

Please use **Chart B** to guide your assessment  
and assure that all important issues are addressed.

## 7. PAYMENT OF BILLS AND DOCUMENTATION REQUIREMENTS

### SESSIONS 1 – 6

- If intervention requires six sessions or less, the Initial Response and Assessment: **Form I** must be completed. Before the VCCB will compensate costs related to sessions 1-6, the victim must submit a VCCB application and receive approval from the VCCB of an **emergency award** for mental health treatment costs. In addition, the claim must meet all minimal eligibility criteria including a police report must have been made (the VCCB will have to obtain and review the report prior to making a determination of eligibility).
- If the victim will seek treatment for more than six sessions, **Form II** must be submitted no later than the sixth session. No compensation for additional sessions will be considered until Form II is received and the Board has awarded additional compensation. Since awards (other than emergency awards) are made **only at board meetings**, the determination may take **1-2 months**. However, once a claim has been awarded an emergency award, it is **likely** further mental health treatment sessions will be approved. Bear in mind, the VCCB is a payer of last source, and other sources of payment will need to be ruled out before the VCCB will pay.
- **Form II** must be completed even if the clinician has seen the victim for more than six sessions prior to filing an application with the VCCB.
- If there is indication that the initial response and assessment are expected to take longer than six sessions, due to extenuating circumstances, documentation **must** be provided to the VCCB explaining the situation and the client must submit a request to the VCCB for compensation of an extended number of sessions.

## **SECONDARY VICTIMS AND ANY VICTIM OR PERSON WHO BY VIRTUE OF THEIR RELATIONSHIP TO A VICTIM MAY REQUIRE COUNSELING**

In general, the VCCB will not award mental health treatment costs beyond six sessions for secondary victims or other persons who are neither the custodial parent or legal guardian, the primary crime victim, nor immediate family members of homicide victims. If this type of client requires additional sessions, Form II must be submitted and the VCCB will make determinations on a case-by-case basis and only at Board meetings.

### **SESSIONS BEYOND SIX SESSIONS**

#### **PRIMARY VICTIMS**

When all other eligibility requirements have been met, the clinician supplies required documentation, the VCCB receives a request from the client to compensate additional sessions, and the Board makes an award, the VCCB will compensate up to a total of 26 sessions from the first date of treatment. The maximum the Board will compensate for 26 sessions is \$2,600.

#### **CUSTODIAL PARENT OR LEGAL GUARDIAN OF SAM VICTIM(S)**

When all other eligibility requirements have been met, the clinician supplies required documentation, the VCCB receives a request from the client to compensate additional sessions, and the Board makes an award, the VCCB will compensate up to a total of 12 sessions from the first date of treatment. The maximum the Board will compensate for 12 sessions is \$1,200.

#### **IMMEDIATE FAMILY MEMBERS OF A HOMICIDE VICTIM**

When all other eligibility requirements have been met, the clinician supplies required documentation, the VCCB receives a request from the client to compensate additional sessions, and the Board makes an award, the VCCB will compensate up to a total of 12 sessions from the first date of treatment. The maximum the Board will compensate for 12 sessions is \$1,200.

#### **Claimant must:**

- Submit a request for compensation of additional sessions – request must include the number of sessions to be compensated and length of treatment.

#### **Clinician must:**

- Submit the Treatment Progress Note: **Form III** at Session 15
- If more than 26 sessions for a primary victim, 12 sessions, for a custodial parent or legal guardian of a SAM victim, or 12 sessions for immediate family members of a homicide victim, are therapeutically indicated, **Form IV** must be submitted.

**Note: Payment for any treatment is dependent upon VCCB determination of claim/victim eligibility, TIMELY SUBMISSION OF REPORTS, and the victim's request for compensation.**